| Effective October 1, 2000  |                               |                                   |                 | 09/830649                               |             |                     |                        |  |
|--|-------------------------------|-----------------------------------|-----------------|---|-------------|---------------------|------------------------|--|
| CLAIMS A   | S FILED - PART<br>(Column 1)  | (Column 2)                        | SMALL<br>TYPE   | ENTITY                                  | OR          | OTHER<br>SMALL      |                        |  |
| TOTAL CLAIMS   |                               | 4 7 700                           | RAT             | FEE FEE                                 | ]           | RATE                | FEE                    |  |
| FOR  | NUMBER FILED                  | NUMBER EXTRA                      | BASIC           | FEE 4.30                                | OR          | BASIC FEE           |                        |  |
| TOTAL CHARGEABLE CLAIMS  | 16 minus 20=                  |                                   | XS 9            | =                                       | OR          | X\$18=              |                        |  |
| INDEPENDENT CLAIMS minus 3 =   |                               |                                   | X40:            | -                                       | OR          | X80=                | -                      |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |                               |                                   | +135            | =                                       | OR          | +270=               |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |                               |                                   | TOTA            | 430                                     | OR          | TOTAL               |                        |  |
| (Column 1) · (Column 2) (Column 3)   |                               |                                   |                 | OTHER THAN SMALL ENTITY OR SMALL ENTITY |             |                     |                        |  |
| Total Independent  | HIGH<br>NUM<br>PREVIC<br>PAID | EST BER PRESENT DUSLY EXTRA       | RATE            | ADDI-<br>TIONAL<br>FEE                  |             | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| Total :  | Minus2                        | 03                                | X\$ 9:          | - 127,                                  | OR          | X\$18=              |                        |  |
| Independent .  | Minus                         | 2 =                               | X40=            | /                                       | OR          | X80=                |                        |  |
| FIRST PRESENTATION OF M  | ULTIPLE DEPENDENT             | CLAIM .                           | +135=           | . 7                                     | OR          | +270=               |                        |  |
| (Column 1)   | (Colur                        | nn 2) (Column 3)                  | TOT<br>ADDIT. F |   | P           | TOTAL<br>ADDIT. FEE |                        |  |
| Total Independent  | HIGH<br>NUM<br>PREVIC<br>PAID | EST<br>BER PRESENT<br>DUSLY EXTRA | RATE            | ADDI-<br>TIONAL<br>FEE                  |             | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| Total 1  | Minus                         | 3 -60U                            | X\$ 9:          | - 36                                    | OR          | X\$18=              |                        |  |
| Independent FIRST PRESENTATION OF M  | Minus F                       | SI AIM                            | X40=            |   | OR          | X80=                |                        |  |
|  |                               |                                   | +135            | = /                                     | 9R          | +270=               |                        |  |
| 4/2/1/0  | 1.                            |                                   | ADDIT. F        |   | <b>B</b> PV | TOTAL<br>ADDIT. FEE |                        |  |
| 43/00 (Column 1)   | (Colu                         | mn 2) (Column 3)                  |                 |   |             |                     |                        |  |
| Total Independent  | NUM<br>PREVI                  | BER PRESENT OUSLY EXTRA FOR       | RATE            | ADDI-<br>TIONAL<br>FEE                  |             | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| Total · 26   | Minus                         | )4 = -                            | X\$ 9           | 7                                       | OR          | X\$18=              |                        |  |
| Independent • 1  | Minus                         | 3 = T                             | X40=            | - /                                     | OR          | X80=                |                        |  |
| FIRST PRESENTATION OF M  | OLIPLE DEPENDEN               | I CLAIM                           | +135            | = /                                     | OR          | +270=               |                        |  |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT.                                    |                               |                                   |                 | AL                                      | OR          | TOTAL<br>ADDIT. FEE |                        |  |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                               |                                   |                 |   |             |                     |                        |  |

Application or Docket Number